

**TOWN OF MARSHFIELD  
BOARD OF HEALTH  
870 Moraine Street  
Marshfield, MA 02050  
781-834-5558 FAX 781-837-6047**

**FARMER'S MARKET FOOD HANDLER PERMIT  
APPLICATION FORM**

**Please complete, sign and return this form to the Marshfield Board of Health along with FEE, and a copy of current allergen awareness certification & food certification(s.) Please include all current licenses from other towns.**

Total fee for 2015 \$50.00

**\*PLEASE PRINT**

Name of Establishment \_\_\_\_\_

Name of Person applying for Permit \_\_\_\_\_

Tax. ID # \_\_\_\_\_

Email Address \_\_\_\_\_

Products being sold: \_\_\_\_\_

Name of Certified Professional Food Manager \_\_\_\_\_

**(Please enclose a copy of Manager's certification & Allergen Awareness certification)**

Business address \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing address \_\_\_\_\_

**(If different from above)**

Hours of operation \_\_\_\_\_

Contact Person \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Pursuant to M.G.L. Ch 62C, Sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law. (Must be filled out and signed)

Signature of Individual or Corporate Name \_\_\_\_\_

By \_\_\_\_\_

Corporate Officer (If applicable)

If Corporation or partnerships, give name, title, and home address of officers or partners.

NAME	TITLE	HOME ADDRESS
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Name & address

State of incorporation \_\_\_\_\_ of local agent \_\_\_\_\_

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

Signature \_\_\_\_\_ Date \_\_\_\_\_